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Somalia

NEWSLETTER

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The volumes cover key aspects of the lives of the Somali peoplePAGE 2



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For the first time in decades, Somalia has published analytical reports on data from the 2014 Population Estimation Survey (PESS). The PESS, is a groundbreaking initiative where the country produced the first comprehensive estimates on the Somali population in over four decades through technical support from UNFPA and with funding from DfID and Government of Sweden.

The absence of information on the Somali population challenged planning and programming at all levels for years. This led to the survey, which aimed to provide accurate and reliable estimates of the nature and characteristics of the Somali population including the population size, distribution, geographical coverage and socio-economic characteristics.

As part of a government capacity building plan, staff from the Somali authorities were involved in the drafting and preparation of the reports. Six analytical volumes have been prepared so far; Methodology and Assessment of Data Quality, Population Composition and Demographic Characteristics,

Economic Characteristics, Housing and Household Assets, Educational Characteristics and Mobility.

The volumes cover key aspects of the lives of the Somali people including where they live, their numbers, age-sex structure, literacy, school enrolment, employment and occupation, household size, main energy sources for lighting and cooking, the movement of Somalis within and across their borders among other population indicators that have been missing over the past few decades. Two additional volumes on Youth and Gender are also currently being prepared.

UNFPA Somalia Representative Nikolai Botev said from the numbers presented, it is evident that Somalia is demographically very young with three quarters of the population under 30 years of age.

“I would urge Somali authorities, and their national and international partners, including institutions of higher learning, to use the PESS data and the information these analytical reports present. Every number tells a story about a Somali household, and the life it leads,” said Botev.

Data for a better tomorrow



The honourable deputy minister Abdullahi Sheikh Ali awarding Nikolai Botev a certificate of recognition for the exemplary contribution by UNFPA and the PESS technical team towards strengthening the statistical capacity in Somalia

Following the successful completion of the 2014 Population Estimation Survey for Somalia (PESS) for urban areas, rural settlements, camps for internally displaced persons as well as nomads, UNFPA with the support of DfID and Swedish Embassy has embarked on the next phase; the Post-PESS Capacity Development for Statistics. The new process is aimed at strengthening the capacity of Somali authorities by improving their skills on the methodologies for data collection, processing and analysis as well as improving the production, quality and availability of demographic and social statistics.

The PESS was designed

to provide accurate and reliable estimates of the nature and characteristics of the Somali population including the population size, geographical coverage and distribution, and socio-economic characteristics.

The strategy employed for this phase is to conduct hands-on training on practical work. This has helped in grounding theoretical concepts as well as lead to the undertaking and completion of the thematic reports. During these trainings, participants edited the data, produced tables to be used in report writing and prepared draft analytical reports covering the modules in the survey questionnaire.

The road to the analytical reports began with a technical

The PESS was designed to provide accurate and reliable estimates of the nature and characteristics of the Somali population

workshop held in Entebbe from July 20 to August 7, 2015 where 21 ministry staff from the respective authorities were trained on data editing, analysis and formulation of tables. Each of the authorities cleaned up their respective datasets and generated tables covering various sections of the PESS analytical reports.

UNFPA then led a high level discussion regarding conducting a demographic training in Naivasha, Kenya from August 29 to September 5, 2015, with 14 representatives of the Somali authorities. With the support of the UNFPA technical team, the demographic training outline was developed



The thematic reports

and refined. This covered age-sex structure of the population, quality, evaluation and adjustment of data, population composition and demographic characteristics, education characteristics, economic characteristics, population mobility, demographic events and dynamics, housing characteristics and household assets, population projections and quality and reliability of data.

The objective of the basic demographic training was to strengthen the capacity of planning ministries, other government institutions and policy makers in the analysis of demographic data. The training was designed to build the capacity of ministry staff from authorities in analysis, interpretation and writing of sections covering demographic dynamics, health, education and social-economic indicators

derived from the 2014 PESS.

An analytical report-writing workshop was then organised in Entebbe, between October 24 and December 6, 2015 where 22 ministry staff from the respective authorities were trained in drafting analytical reports. The key output from the workshop was the draft analytical reports on the demographic and socio-economic characteristics based on the PESS. This workshop built on the participant's acquired skills from the data editing training and intended to enhance the capacities of staff in the different authorities in methods of census and survey data analysis, interpretation and report writing. The workshop yielded nine draft analytical reports; three zonal analytical reports for Somaliland, Puntland and Banadir and six analytical volumes

6 ANALYTICAL VOLUMES:



Methodology & Assessment of Data Quality



Population Composition & Demographic Characteristics



Educational Characteristics



Economic Characteristics



Housing & Household Assets



Mobility

on Methodology & Assessment of Data Quality, Population Composition & Demographic Characteristics, Educational Characteristics, Economic Characteristics, Housing & Household Assets, and Mobility)

A total of 165 people were trained on demography and social statistics and data editing in Mogadishu (55 persons), Hargeisa (60 persons), Borama (15 persons), and Bossaso (35 persons). To ensure quality and provide credibility to the drafted analytical reports, two peer review workshops were conducted; an internal peer review comprising of technical specialists in the fields of demography, social statistics, economics, reproductive health and gender within UNFPA and an external peer review comprising of external experts •

SAMPLING FRAME

The design of sampling frames was a major achievement for the PESS. Prior to PESS, surveys were conducted on the basis of lists of settlements.

A sampling frame has important implications in the design and execution of household surveys with respect to costs and the quality of a survey. The sampling frame used in the PESS has already proven to be a useful resource for international agencies conducting surveys in Somalia. The frame has been shared with the World Bank, the Food Security and Nutrition Analysis Unit (FSNAU), Somalia, the United States Agency for International Development (USAID), the British Broadcasting Corporation (BBC) and the United Nations Assistance Mission in Somalia (UNSOM) for the planning and implementation of different household surveys. This need underscores the importance of reviewing and consistently updating the sampling frame.

Due to this need, UNFPA, in collaboration with Somali authorities, and with the support of DFID conducted 13 cartographic trainings to update the sampling frame and provided financial support to update sampled enumeration areas in major urban and liberated towns.



Staff from the Ministry of Planning & International Cooperation (MOPIC) from the Federal Government of Somalia verifying enumeration areas

The first trainer of trainers workshop was held in Djibouti from February 26 to March 8. The purpose of this workshop was to link and verify the existing spatial database to the urban frame used in PESS; digitise enumeration areas in major urban towns and to improve skills on geodatabase creation, geo-referencing and spatial and attribute data creation and editing. Eleven planning ministry staff from the respective authorities verified and linked the urban frame geo-databases using sector, enumeration area and master maps to verify the existing sampling frame. The staff were also trained on field mapping techniques for enumeration area mapping including using satellite imagery to update the frame. The workshop also served as a platform for planning the

upcoming field mapping exercise of major urban and liberated towns.

Following the workshop, cartographic trainings were carried out in Banadir (17 regional coordinators and 60 supervisors and enumerators), Hiraan (20 supervisors and enumerators), Middle Shabelle (36 supervisors and enumerators), Galgaduud (36 supervisors and enumerators) and Bay (20 supervisors and enumerators). One hundred field mapping personnel were trained in Hargeisa, Borama, Burco and Berbera and 84 were trained in Bossaso. The objective of the field mapping exercise was to conduct a household listing for sampled enumeration areas in major urban and liberated towns with the aim of updating the urban sampling frame and collect births and deaths data from a sub sample

within the enumeration areas. Data was collected in Mogadishu, Belet Weyne, Jowhar, Balcad, Baidoa, Cadaado, Burtinle, Bossaso, Qardho, Hargeisa, Burco, Berbera and Borama towns.

UNFPA then facilitated a second trainer of trainers workshop in Entebbe, Uganda from April 11 to 17 with 11 participants drawn from the Ministry of Planning and International Cooperation in the Federal Government. The purpose of the workshop was to digitise, verify and link updated enumeration areas from the concluded field mapping exercise in order to update the urban sampling frame. In addition, participants received hands on training in the design and testing of data entry program and coding systems for collected births and deaths data •

UNFPA's work to end Obstetric Fistula in Somalia

On 23 May this year, UNFPA Somalia joined the world to commemorate the International Day to End Obstetric Fistula. The theme for the commemoration this year was “End fistula within a generation”



Obstetric fistula is one of the most serious and tragic injuries that can occur during childbirth. The condition typically leaves women incontinent, and as a result they are often shunned by their communities.

An estimated 2 million women in sub-Saharan Africa, Asia, the Arab region, and Latin America and the

Caribbean are living with this injury, and some 50,000 to 100,000 new cases develop each year. Yet fistula is almost entirely preventable. Its persistence is a sign that health systems are failing to meet women's essential needs.

The Campaign to End Fistula, launched by UNFPA and partners in 2003 is now present in 50 countries across Africa, Asia and the Arab region. UNFPA also provides medical supplies, training and funds to fistula prevent treatment and social reintegration programmes. Additionally, UNFPA strengthens maternal health and emergency obstetric services to prevent this injury from occurring in the first place.

Below is an interview with Fatuma Kuno Muhumed, Youth and HIV Programme Analyst at UNFPA Somalia on UNFPA's work to end obstetric fistula in Somalia:

Fatuma Kuno Muhumed



Fistula patients are usually shunned by the community

What are the main causes of fistula, and what makes it prevalent in Somali?

Somalia has been through turbulent conflict since the 1990s and though it is now in the process of recovering, it remains very fragile. Women and children in particular, have been victims of the drawn out crisis, with some of the highest maternal, neonatal and child mortality rates in the world.

This is influenced by conflict, emigration of health professionals, poor education systems, low levels of professional trainings, nomadic and mobile lifestyles, poor water and sanitation systems, weak

Up to
98%
of all Somali women have undergone FGM

health system infrastructure and poor regulation of services and professionals. This is enhanced by the weak systems and lack of a strong central government, affecting the capacity and progress of system development. There is lack of human resource for health especially shortage of qualified midwives. Some families use traditional birth attendants (TBAs)

to care for mothers during childbirth rather than qualified midwives or other skilled birth attendants and the TBAs fail to assist women when complications arise thereby increasing the incidents of fistula. Early marriage which leads to early pregnancy results in cephalopelvic disproportion, which causes obstructed labour leading to fistula.

How big is the role of social norms and pressure in the prevalence of fistula?

Key cultural risk to reproductive health is FGM. Up to 98 percent of all Somali women have undergone FGM. All types of FGM affect reproductive and maternal health, including creating significant risks for child-bearing. Harmful stigma related to fistula put a lot of pressure on women, in traditional Somali society, many women are divorced and sent back to her family if she develops fistula.

What can be done to reduce or end obstetric fistula?

- Delaying the age of first pregnancy;
- The cessation of harmful traditional practices.
- Skilled attendance at all births.
- Emergency obstetric care for those who develop complications.

What programs are you engaged in to end fistula?

UNFPA provides comprehensive emergency obstetric services in 11 regional hospitals and 40 maternity waiting homes that provides basic emergency obstetric care. UNFPA also supports 15 midwifery schools in a bid to

What can be done to reduce or end obstetric fistula:



Delaying the age of first pregnancy



Skilled attendance at all births



The cessation of harmful traditional practices



Emergency obstetric care for those who develop complications

reduce human resource for health gap. UNFPA runs integrated community outreach campaign in rural areas to increase access to services.

UNFPA also provides family planning advocacy and services.

Advocacy by YPEER to eliminate FGM and early marriage is ongoing in schools and at community levels.

Fistula surgeries are done in one of the CEMNOC facility in Mogadishu-Dayille hospital and fistula surgery campaigns in other areas.

What are the main pieces of advice you can give a mother about preventing fistula for her daughter

- Stop FGM.
- Do not marry your daughter when she is still young.
- Ensure you accept health intervention for your daughter as advised by doctors. Most times mothers refusing doctor's advice delay interventions for obstetric complications that would have prevented obstetric fistula•



Ending fistula in Puntland

More than 270 fistula repairs were performed in the region between 2013 to 2015 with the support from UNFPA

The Ministry of Health of Puntland State of Somalia, with support from the United Nations Population Fund (UNFPA) and other stakeholders, today marked the International Day to End Obstetric under the theme “end fistula within a generation”.

The 23rd of May was designated as the International Day to End

Obstetric Fistula by the United Nations General Assembly beginning in 2013, to be observed annually as a way to significantly raise awareness and intensify actions towards ending obstetric fistula. Obstetric fistula is one of the most serious and tragic injuries that can occur during childbirth. It is a hole between the birth canal and the bladder or rectum caused



Sensitisation on fistula prevention

by prolonged, obstructed labour without treatment.

The commemorative event in Puntland was characterised by a diverse level of representation, which included government representatives, civil society constituents, professional associations, artists and students.

State Minister of Health, His Excellency Sayid Omar highlighted the importance of prevention and management of obstetric complications including fistula.

Eliminating obstetric fistula requires scaling up national capacities to provide access to equitable, high-quality sexual and reproductive health services, including birth spacing maternity care, especially comprehensive emergency obstetric care

- Bakhtior Kadirov

HE Omar commended the fruitful partnership between the Ministry of Health and UNFPA in the efforts to eliminate obstetric fistula.

The State Minister of Health also made an announcement about the forthcoming Fistula Repair Campaign in Garowe, Galkaio and Bosaso and requested participants

and the media to disseminate messages about the campaign to ensure that women living with obstetric fistula are registered and supported well ahead of the start of the campaign.

Director of Garowe General Hospital, Dr. Abdisamed Ahmed, who was also representing Puntland Medical Association, highlighted two main risk factors of obstetric fistula namely female genital mutilation (FGM), and prolonged/obstructed labor. He said that FGM is one of the main causes of obstructed labour, while obstructed labour in its turn is the direct cause of obstetric fistula. Dr. Ahmed urged health professionals to take up a more proactive role in educating communities about the harmful effects of FGM as

well as the importance of skilled attendance at birth and emergency obstetric care.

Chairperson of Puntland Association of Midwives, Hawo Yusuf, spoke about the centrality of midwifery training in identifying, managing and referring complicated cases of pregnancy and childbirth.

A theatre performance presented at the commemorative event focused on eliminating stigma against women suffering from fistula as well as the importance of male involvement in the efforts to end obstetric fistula.

UNFPA Head of sub-office in Puntland, Bakhtior Kadirov noted in the statement he delivered during the function that eliminating obstetric fistula requires scaling up national capacities to provide access to equitable, high-quality sexual and reproductive health services, including birth spacing maternity care, especially comprehensive emergency obstetric care. Quoting a statement on the International Day to End Obstetric Fistula by Babatunde Osotimehin, United Nations Under-Secretary General and Executive Director of UNFPA, Dr. Kadirov stated that obstetric fistula is almost exclusively a condition of the poorest, most vulnerable and most marginalised women and girls and that it afflicts those who lack access to the timely, high-quality, and life-saving maternal health care that they so desperately need and deserve, and that is their basic human right.

Kadirov took note of the positive endeavours and accomplishments in the Puntland State of Somalia that more than 270 fistula repairs were performed in the region between 2013 to 2015 with the support from UNFPA

and other partners and that the Puntland Taskforce on Obstetric Fistula was established in 2015, which is expected to come up with endeavours of strategic importance.

“Just in 2015, Garowe and Galkayo hospitals assisted 6,128 deliveries, managed 2,392 obstetric complications and performed 422 caesarean-sections. More than 10,000 beneficiaries received ante/postnatal care, birth counselling and services as a result of integrated community reproductive outreach campaigns supported by UNFPA,” said Kadirov. He added that in the same year, three maternity waiting homes assisted more than 1100 deliveries; 50 midwives graduated from an 18-month course and that more midwives will be graduating in 2016.

It was also noted by the UNFPA head of sub-office that in order to end fistula, Puntland and the world at large must ensure universal access to quality sexual and reproductive health services; eliminate gender-based social and economic inequities; prevent child marriage and early childbearing; promote education and broader human rights. He further noted that much remains to be done to scale up the response and to put an end to obstetric fistula in Puntland. He called for a private-public sector partnership and the active involvement of men and fistula survivors as advocates. Kadirov also underlined the importance of securing a time bound and realistic national strategy on obstetric fistula with a three-pronged approach of prevention, treatment and social reintegration.

Just in 2015, Garowe and Galkayo hospitals assisted:

6,128 deliveries, managed

2,392 obstetric complications and performed

422 caesarean-sections



Somali first lady pledges fight against fistula



Her Excellency Zahra Omar Hassan

The first lady of the Federal Government of Somalia Her Excellency Zahra Omar Hassan has pledged to support the movement to end fistula in the country within a generation.

The first lady expressed her support during the commemoration of the International Day to End Obstetric Fistula on May 23 in Mogadishu. She indicated that she was going to support the Ministry of the Health to advocate for ongoing interventions in saving the lives of women and restoring the hope of Somali women with obstetric fistula.

An estimated 2 million women and girls are living with obstetric fistula, a hole or tear between the birth canal and the rectum or bladder that results in chronic incontinence, dangerous infections and, due to the stigma that

surrounds it in many communities, a lifetime of discrimination. Sufferers often endure depression, social isolation and deepening poverty. Many women live with the condition for years – or even decades – because they cannot afford to obtain treatment.

Despite the fact that the condition is almost entirely preventable and treatable, between 50,000 and 100,000 women and girls continue to develop the injury during childbirth each year. Its persistence is a sign that health systems are failing to meet women's needs.

The commemorative event in Mogadishu brought together fistula survivors, government officials, parliamentarians, UN agencies, civil society and members of the general public•

Quotes from the commemorative event:

We're working hard to get rid of fistula. The ongoing activities, which are contributing to the efforts to eliminate fistula, include training of skilled birth attendants and offering comprehensive services in maternity care facilities. These efforts are also contributing to the reduction of maternal mortality.



Dr. Naima Abdulkadir,
from Reproductive
Health Department

We need proper and coordinated efforts to completely eliminate fistula and declare Somalia free from fistula. PAC has organised three successful fistula campaigns and a fourth fistula surgical campaign which will be in July 2016.

Mr. Mohamed Shafie,
PAC Country Director

Fistula should not be there in modern times. We need to work hard to make sure it's totally eradicated.

Dr. Abdullahi Hashi,
Director General of Ministry of Health:



Empowerment of girls leads to self-reliance

Every year since 2014, UNFPA has been supporting 20 female students in Hargeisa

Shukri shows off her shop to officials from the Ministry of Youth

Shukri Jama Farah, 19, is the executive director of Sharaf Boutique, a popular bridal shop in Hargeisa, Somaliland, which she runs with three other teenage girls. The boutique is well known for its beautiful wedding dresses and jewelry, which are for sale and hire.

“Our business is vibrant. We hire out wedding dresses for the amount of between \$150 to \$300 and our customer base is quite high,” said Shukri. “We are self-reliant as we are able to make enough money for our livelihoods and we are also able to assist our families. We did not have to struggle to look for jobs after

graduation because unemployment is high but we created our own employment opportunities,” she added.

Shukri and her business partners are graduates of a one-year course; a Diploma in Entrepreneurship and Commerce from a local university, Abaarso Tech. Every year since 2014, UNFPA, through the Ministry of Youth, Sports and Culture, has been supporting 20 female students in Hargeisa, Somaliland and another 20 in Mogadishu in empowering them with entrepreneurship skills.

“We have now expanded our business to wedding planning. We are looking at expanding more

to start operating in other areas beyond Hargeisa. We have also become consultants for private entrepreneurship firms where we provide trainings as well as supporting business ideas,” said Shukri.

The four adolescent girls have also grown and expanded their business to supplying flowers and doing wedding decorations.

“UNFPA support has really been great and changed our lives. This kind of entrepreneurship training, as well as the sensitisation in sexual and reproductive health services accompanying it is very beneficial. I now feel very enlightened after I got insight of my potential. I

am actually volunteering in a number of institutions where I am sensitising other adolescent girls in entrepreneurship and reproductive health,” said Shukri.

There are 12.3 million people in Somalia with 75 percent of the total population under the age of 30 and 45.6 percent are below 15, according to the 2014 Population Estimate Survey (PESS) findings. Most of the young people have known only conflict and hardship in their life due to several decades of political crisis, which has led to the deterioration of social and economic infrastructure, poverty, high unemployment and poor access to basic social services.

Youth and Gender Specialist for UNFPA’s Hargeisa sub-office Ahmed Jama explained that after graduation, UNFPA expects that the young girls who are empowered with the entrepreneurship skills



Some of the displays in Shukri’s shop



Shukri and her business partners pose for a picture with government officials

would delay getting married and have more positive expectations in future and increased probability of employability. The aim of the programme is to ensure that adolescent girls are self-reliant so that they can be able to access their sexual and reproductive health rights with better living conditions.

“After completing her course, Shukri and all the graduates were provided with startup of capital to ensure that they set up their businesses,” said Jama, adding: “We don’t want to leave the adolescent girls in the middle of their journey to self reliance hence the provision of money for them to be able to get their businesses established.”

Jama said adolescents face a number of challenges such as sexual and reproductive health (SRH) issues, gender-based violence (GBV); particularly sexual violence, Female Genital Mutilation (FGM) and early marriages, lack of

sexuality education due to cultural barriers, teenage pregnancy in marriage and out of marriage, and its health and economic development implications abound.

“UNFPA Somalia’s youth programme advocates for the right of young people, including the right to accurate information and services related to SRH, especially for young marginalised girls,” said Jama.

The youth programme in Somalia also developed a guideline on sexuality education and has sought to raise awareness of the prevention of HIV both in and out of school, according to Jama. “Furthermore, in order to encourage the abandonment of harmful practices, such as FGM and early marriage, youths are mobilised as activists and agent of change. Young people are also acting as leaders to advise the Government of Somalia to include them in decision-making through the Youth Advisory Panel,” said Jama.

UNFPA support has really been great and changed our lives

- Shukri



Midwives undergoing training

Somalia gets 56 new midwives with UNFPA's support

Somali women currently have a one in 22 lifetime risk of dying through childbearing

Somalia has seen the graduation of 56 new midwives from Mogadishu Midwifery School who finished in April but were hosted to a graduation ceremony during the commemoration of the International Day of the Midwife on May 5. UNFPA provides technical and financial support to midwifery education in Somalia.

Somalia has one of the highest maternal mortality rates in the world with current estimates at 732 deaths per 100,000 births. Somali women currently have a one in 22 lifetime risk of dying through childbearing. An estimated 3,400 women died in 2015.

UNFPA Somalia Representative Nikolai Botev expressed gratitude to the donors namely

the Government of Sweden, UKaid (DFID), AusAID, Sweden, USAID and the Swiss Agency for Development and Cooperation (SDC) who are supporting the Federal Government of Somalia in its efforts to rebuild the health system while saving the lives of mothers and children.

“We are very happy to be part of this great achievement because midwives are at the heart of UNFPA due to their dedicated work towards saving lives of women,” said Botev.

Hawa Abdullahi, the school principal at Mogadishu Midwifery School said many girls in Somalia are interested in becoming midwives and saving the lives of mothers but that they have limited opportunities to access midwifery education.

“Hundreds apply for the midwifery course every time we advertise but due to financial constraints we can only admit up to 30 students,” said Abdullahi.

In Somalia, over two decades of brutal conflict have displaced approximately 20 per cent of the population and wreaked havoc on the nation’s infrastructure, and, as of 2010, nearly 80 per cent of the population lacked access to basic health services.

UNFPA has been working to train midwives in Somalia since 2008, and is currently supporting trainings in 15 schools across the country. While it is difficult to track the exact number of midwives active in the country, Emily Denness, the UNFPA Somalia midwifery advisor indicates that estimates show that there are now over 1,000 trained midwives deployed in villages and urban areas nationwide.

“Women are beginning to recognise that it can be dangerous to have births attended just by uneducated traditional birth attendants, and the demand for midwives services is increasing,” said Denness.

Hundreds apply for the midwifery course every time we advertise but due to financial constraints we can only admit up to 30 students

-Abdullahi

Midwives on the frontlines of fighting maternal mortality in Somalia

Nine years ago, Maymuun Abdullahi Nur’s mother died giving birth to her eighth child, during a delivery attended only by an untrained traditional birth attendant. Just 13 at the time, Maymuun was struck with a conviction that the postpartum haemorrhage that killed her mother could have been stopped and that her mother could have lived to meet the newborn baby, the family’s first son, and to see Maymuun and her six sisters grow up.

It was not the first time Maymuun had seen this kind of preventable tragedy occur in her village in Somalia’s Lower

Shabelle region – a rural area in the south of the county that has been plagued by conflict for twenty five years, and where residents have little access to modern health care services. And so Maymuun made a decision about the course of her life that terrible day.

“I decided there and then that I would train to help save the lives of women in rural areas,” she says.

And she has stuck to her vow. This fall, after graduating with high marks from an 18-month program at the Mogadishu Midwifery School, which is supported by UNFPA, Maymuun, now 22,



Emily Denness, UNFPA midwifery specialist with Hawa Abdullahi, Mogadishu Midwifery School principal and Maymuun, a midwifery student



Somali midwifery students

In addition to this, Maymuun has gained skills in promoting the prevention of female genital mutilation being inflicted on the next generation of young girls, almost universal in Somalia, which causes many complications at birth.

Maymuun is highly motivated to save women's lives, according to Hawa Abdullahi, the school principal at Mogadishu Midwifery School. She said many girls in Somalia are interested in becoming midwives and saving the lives of mothers but that they have limited

returned home to Lower Shabelle and has been a practicing midwife there for five months. "I am glad that my dream

has now come true, and I am now helping women give birth safely," she says. The Mogadishu

Midwifery School guides the midwifery students through basic biology to managing complex complications in labour.

Women in Somalia have **the world's third-highest** chance of dying during childbirth

Approximately **300,000** women die during pregnancy and childbirth every year

Almost **3 million** babies do not survive their first four weeks of life

98% percentage of Somali women and girls that are subjected to FGM

80% approximate percentage of the population that lacked access to basic health services as of 2010

6% percentage of women that have access to modern contraceptive methods

Between 2010 and 2015, the maternal mortality ratio dropped from 820 maternal deaths per 100,000 lives births to 732 deaths, and it has declined from 1210 per 100,000 since 1990. But that ratio is still among the world's highest, and the country needs many more trained and active midwives to ensure all Somali women have access to quality care.



There are many factors in maternal deaths in Somalia, but the key factor is the lack of births attended by a midwife or doctor

-Emily Denness

opportunities to access midwifery education.

“Hundreds apply for the midwifery course every time we advertise but due to financial constraints we can only admit up to 30 students. There are many like Maymuun who want to make a difference in their communities by saving lives of mother and newborns,” said Abdullahi.

The world commemorated the 26th annual International Day of the Midwife on May 5. Since the day was first observed in 1991, the world has nearly halved its rate of maternal deaths; however, every year, approximately 300,000 women still die during pregnancy and childbirth, and almost 3 million babies do not survive their first four weeks of life.

But this does not have to remain the case. Approximately two-thirds of these deaths could be averted by increasing the size of the world’s force of midwives.

A country in need of maternal care

In Somalia, over two decades of brutal

conflict have displaced approximately 20 per cent of the population and wreaked havoc on the nation’s infrastructure, and, as of 2010, nearly 80 per cent of the population lacked access to basic health services.

As a result, only 22 per cent of the need for skilled birth attendants is met nationally, and at one in 22, women in Somalia have the world’s third-highest chance of dying during childbirth. Family planning services are sparse to non-existent throughout the country, and only 6 per cent of women have access to modern contraceptive methods, preventing most women from controlling the timing and spacing of their children.

In addition, 98 per cent of Somali women and girls are subjected female genital mutilation, a human rights abuse that is not only psychologically traumatizing to the girls and women who suffer it, but that also greatly increases their chances of complications and death during childbirth.

“There are many factors in maternal deaths in Somalia, but

the key factor is the lack of births attended by a midwife or doctor,” says Emily Denness, UNFPA’s midwifery advisor in Somalia. “That is the big challenge in Somalia.”

Midwives as the backbone of sexual and reproductive health UNFPA has been working to train midwives in Somalia since 2008, and is currently supporting trainings in 15 schools across the country. While it is difficult to track the exact number of midwives active in the country, Denness estimates there are now over 1,000 trained midwives deployed in villages and urban areas nationwide.

And they are starting to have an impact.

“Women are beginning to recognize that it can be dangerous to have births attended just by uneducated traditional birth attendants, and the demand for midwives services is increasing,” says Denness.

And the midwives contribution to sexual and reproductive health in the country doesn’t stop there. They are also trained in how to prevent the practice of female genital mutilation in the communities they serve and to talk to the women about their family planning options and their overall sexual and reproductive health, often offering women this information for the very

first time.

As the presence and of midwives increases, maternal mortality in Somalia is decreasing. Between 2010 and 2015, the maternal mortality ratio dropped from 820 maternal deaths per 100,000 live births to 732 deaths, and it has declined from 1210 per 100,000 since 1990. But that ratio is still among the world’s highest, and the country needs many more trained and active midwives to ensure all Somali women have access to quality care.

“Well-trained and supported midwives working in communities are uniquely positioned to provide the compassionate, respectful and culturally sensitive care a woman needs during pregnancy and childbirth,” says UNFPA Executive Director, Dr. Babatunde Osotimehin. “We urge countries to invest in quality training, good working conditions, decent salaries, adequate workforce policies and possibilities for professional growth” •

Puntland intensifies efforts in maternity care

Twenty junior doctors in Puntland have begun attending a nine-month course on Comprehensive Emergency Obstetric and Neonatal Care (CEmONC), as efforts to reduce maternal mortality intensify. CEmONC includes all basic maternity services and adds obstetric surgical capacity and blood transfusion.

The Puntland State of Somalia Ministry of Health launched the course on June 22 at an event attended by high-level government officials, representatives of the academia, civil society, private sector, professional associations and UN organisations.

At the end of the course, the 20 doctors will receive a diploma certifying them to provide CEmONC services and sign a letter reaffirming their commitment to return to their home districts to serve their own communities.

Puntland Minister of Health Dr. Abdinasir Osman Cuuke said at the launching ceremony that although a lot of work had been done to provide quality training to doctors, a CEmONC training initiative such as this should have

been prioritised and implemented earlier. He emphasised the need to ensure quality care for pregnant women.

“I am calling on the international community to continue investing in CEmONC capacity building and in hospitals,” said Dr. Cuuke.

He took note of the achievements that have already been made, including the availability of fully functional regional and district hospitals in Puntland.

The head of UNFPA Garowe sub-office Bakhtior Kadirov stated that the course was being supported under the Joint Health and Nutrition Programme (JHNP), which prioritises quality maternity care.

“No woman should die giving life. A country’s economic health and social harmony is measured in the health of its women,” said Kadirov.

He noted that according to the recent estimates by WHO, UNFPA, UNICEF & UN Population Division, Somalia has one of the highest lifetime risk of maternal deaths in the world, with women facing a 1 in 22 lifetime risk of maternal death. The maternal mortality ratio is estimated at 732 deaths per 100,000 live births.

Kadirov further noted that the medical technology to prevent almost all deaths from common obstetric complications has been available for half a century. “It is relatively simple and inexpensive. Many of the common obstetric complications can be managed before they become emergencies, and almost all can be treated even if they do become emergencies. One of the key interventions is



Safe birth in a CeMnoc Centre

access to emergency obstetric care,” said Kadirov.

The UNFPA head of office also stated that the SDG number 3 calls for achieving universal access to sexual and reproductive health care and reducing global maternal death rates by 2030.

“Equity is at the heart of SDGs, which are based on the concept of leaving no one behind,” noted Kadirov.

According to Kadirov, the Ministry of Health is highly committed to improving maternal health and that in 2015 alone Garowe and Galkayo hospitals assisted 6,128 deliveries, managed 2,392 obstetric complications and performed 422 caesarean sections. More than 10,000 beneficiaries received antenatal and postnatal care, birth counselling and services as a result of integrated community reproductive health outreach campaigns supported by UNFPA. He added that in the same year, three maternity waiting homes assisted more than 1100 deliveries, 8443 returnees and refugees from Yemen received reproductive health related information, counselling and services and that more than 70 fistula repairs were performed.

East Africa University is leading the CEmONC

No woman should die giving life. A country's economic health and social harmony is measured in the health of its women

- Kadirov

course. The director of the university Sheikh Mohamud Haji thanked the Ministry of Health, UN agencies, civil society and academia for making the training initiative a reality.

Sheikh Haji called on the stakeholders to create opportunities for such comprehensive and advanced training to more health professionals to fully meet the current unmet need for services. He expressed confidence that upon graduating, the trained junior doctors will contribute to improving quality CEmONC coverage in Puntland.

CEmONC training course instructor, Dr. Obsiye Elmi explained that the nine-month course will be on obstetrics in general, with a special focus on CEmONC services, comprising a three-month theoretical programme followed by practical sessions for six months.

The director of the Primary Health Care Department in the Ministry of Health, Dr. Abdirizak Abshir Hersi, congratulated the junior students for their selection into the CEmONC training course, saying many doctors had applied and that it was highly competitive.

Dr. Hersi stated that the Ministry of Health will continue to support the doctors even after graduation to ensure they are well equipped with the necessary tools and resources to use their new skills to their full potential.



comprehensive maternity care



Japan contributes \$1.8 million to save lives of Somali women and newborns

The Government of Japan announced on March 14, 2016 that it has granted 1.8 million US dollars to UNFPA to support programmes aimed at reducing maternal and neonatal mortality and related morbidity among Somali women and newborns.

His Excellency Tatsushi Terada, Ambassador of Japan, made the announcement after a ceremony where UNFPA handed over an ambulance donated by the People of Japan to the Ministry of Health in Somaliland.

The Japanese Ambassador said his Government has identified three priority areas of assistance to the Horn of Africa, namely reinstating delivery of basic social services, strengthening capacity in public security and vitalising economy. “UNFPA’s programme that aims to improve reproductive and maternal health fits Japanese assistance policy well because it is one of the basic social services,” said His Excellency Terada.

His Excellency Terada commended the Ministry of Health

in Somaliland for its commitment in improving maternal health and maintaining a good working relationship with UNFPA. Political will is key for implementing organisations to deliver desirable outcomes,” said the ambassador.

UNFPA Representative, Nikolai Botev, thanked the Japanese Government for being a reliable partner in the quest to ensure that no woman or child dies

UNFPA is committed to supporting the investments for the Somali mothers and children

-Botev

during birth. He requested the Government of Somaliland to continue advocating for more resources towards saving the

lives of Somali mothers and newborn children stating that combined efforts should end up in the Somali people having more midwives getting trained and deployed to health facilities, supporting birth spacing, ensuring an end to gender-based violence (GBV) including FGM, early and forced marriage and denial of resources, opportunities and services to

women, especially reproductive health services.

“UNFPA is committed to supporting the investments for the Somali mothers and children,” said Botev.

The UNFPA Representative pledged that UNFPA will continue supporting programmes, which can yield enormous dividends for sustainable development, such as promoting skilled attendance at birth and adoption of basic and comprehensive emergency obstetric care as part and parcel of the health system strengthening.

Vice Minister in the Ministry of Health His Excellency Hassan Dahir Dimbil expressed Somaliland’s gratitude to the People of Japan and UNFPA for the assistance and partnership. He called upon the Government of Japan to expand its assistance to more reproductive health programmes•



Isatu Sesay-Bayoh talks about CMR

Clinical Management of Rape rolled out in Somalia

Somalia now has a pool of qualified trainers in the Clinical Management of Rape (CMR). The pool of 26 trainers is currently in the process of strengthening the capacities of other CMR service providers.

The CMR task force, chaired by UNFPA and comprising of other UN agencies and NGOs working in Somalia, took a lead to conduct a training of trainers for CMR in February and March this year. The training aimed to harmonise CMR training in Somalia, build the capacity of government officials and service providers in providing quality CMR response, have a pool of trainers doing CMR training in the future and to build the capacity of trainees on CMR protocol.

UNFPA Somalia gender specialist Isatu Sesay-Bayoh explained that the content of the CMR training covers legal, psychosocial, medical and

involvement of communities for better collaboration for the help of survivors.

“This training also intended to roll out the CMR protocol, endorsed by the Ministries of Health in three zones in December 2015,” said Sesay-Bayoh.

She said the training has led to CMR service provision to be fully integrated in the service mapping and standard operating procedures (SOPs) developed by the field GBV sub-clusters, and CMR service providers to refer to the service mapping and SOPs to ensure functioning of multi-sectoral referral system.

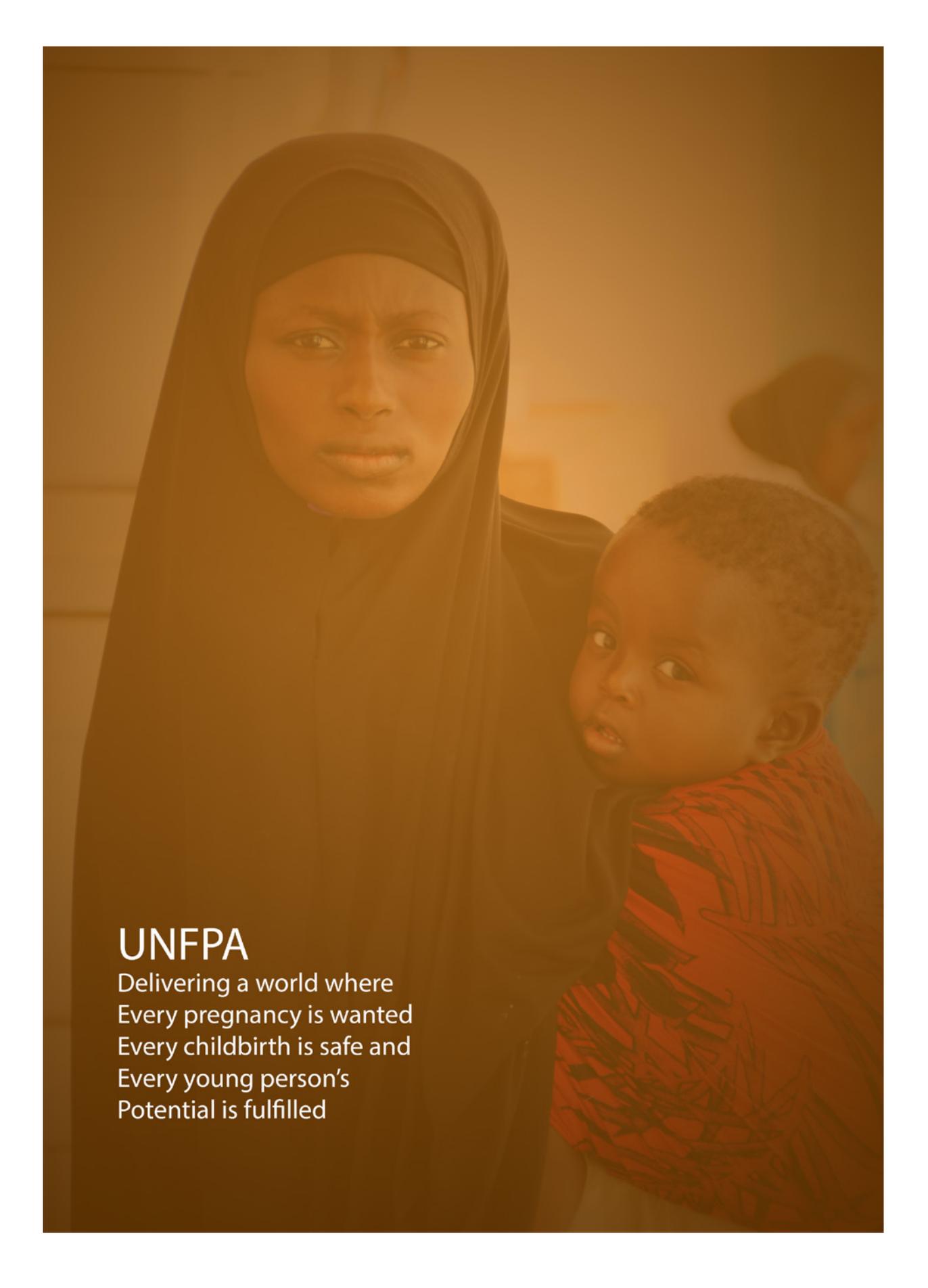
Gender-Based Violence (GBV) is one of the serious human rights violations taking place in Somalia. According to the GBV working group bulletin, which records the reported GBV cases to the service providers, there were about 9,500 reported GBV cases in the South

Central, Puntland and Somaliland in 2015. Rape is the second most commonly reported type of GBV, which accounts for 19 percent of the total GBV cases, and sexual assaults accounts for 15 percent.

“Given the immediate, as well as long-term negative effects of rape and sexual assaults, medical response as a live-saving measure, is very critical. In fact, CMR is a fundamental component of the comprehensive response needed by survivors of sexual violence,” said Sesay-Bayoh.

The protracted humanitarian crisis situation over the past 20 years has resulted in the collapse of the health sector and a subsequent focus on emergency response interventions to ongoing and recurrent crises. As such, a number of low impact parallel and fragmented systems and structures for health care exist. In this generally constrained environment, medical personnel are neither trained in CMR nor the provision of post-rape treatment drugs.

The situation analysis indicated the current practice, where organizations were providing ad-hoc CMR trainings to health staff using different manuals and conducted by certified and non-certified trainers. There is no systematic follow-up and mentoring of those trained on CMR. This might compromise the quality of CMR services provided to the survivors. Thus, there is an urgent need of establishing systematic, standardised and well-trained pool of individual to do further training. The CMR training conducted as well as endorsement and implementation of CMR protocol are a step forward towards this •

A woman wearing a black hijab is shown from the chest up, looking directly at the camera with a serious expression. She is holding a young child in a red and black patterned wrap. The child is looking off to the side. The background is softly blurred, showing another person in a white head covering. The entire image has a warm, brownish-orange tint.

UNFPA

Delivering a world where
Every pregnancy is wanted
Every childbirth is safe and
Every young person's
Potential is fulfilled

SOMALIA 2016

Somalia remains one of the largest humanitarian crises in the world. About 2.9 million people are in need of humanitarian assistance, including an estimated 1.1 million people internally displaced by recurrent droughts, floods and conflict. In Somalia, the consequences of conflict are clear and devastating with extreme poverty estimated to be 43 percent. The poverty incidence is 73 percent; 61 percent in urban centers and 80 percent in rural areas.

3.2M

People in need of humanitarian assistance:

(according to 2015/2016 contingency plan of Somalia)

1.1M

Number of IDPs

(according to the 2014 population estimation survey for Somalia, PESS)

Number of returnees and refugees:

(according to the 2016 humanitarian response plan HRP)

YEAR	RETURNEES	REFUGEES
2015 (Actual)	31,494	5,911
2016 (Planned)	69,000	11,547

The maternal mortality rate:

1 out of every

12 women

dies due to pregnancy related causes

(Maternal Mortality Rate is **732 deaths of mothers for 100,000 live births** - down from 1210 in 1990). The average fertility rate is **6.6 children per woman**. Access to maternal health services is low with **44%** and **38%** of births in Somaliland and Puntland being attended by skilled birth attendants.

(according to UNICEF Somalia):

FACTS:

- **12.3 million estimated Population**
- **850732/100,000 Maternal Mortality Rate**
- **6.7 Fertility Rate**
- **<3 Contraceptive Prevalence Rate**
- **75 percent Population aged under 30**
- **23 percent Rural Population**
- **42 percent Urban Population**
- **26 percent Nomadic Population**
- **9 percent Internally Displaced Population**
- **98% FGM cases**

UNFPA Priorities:

The country programme seeks to improve the overall quality of life of the Somali people. The programme contributes to the three outcomes of the United Nations Integrated Strategic Framework:

1

Somali people have equitable access to basic services in health, education, shelter, water and sanitation

2

Somali people benefit from poverty reduction through equitable economic development and decent work

3

Somali people live in a stable environment, where the rule of law is respected and rights-based and gender-sensitive development is pursued

The Costs and Benefits

\$40 to ensure safe delivery at birth per woman

\$30 for a woman/girl to prevent gender based violence

\$50 to prevent female genital mutilation per girl/woman

\$35 to provide a woman with birth spacing commodities

\$750 for technical & government partners to access communities